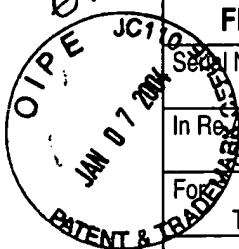
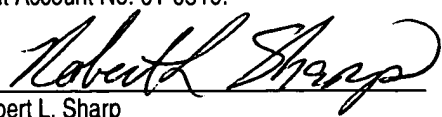


01-09-04

AF/1647



FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER				Attorney's Docket No: A-357B		
Serial No. 09/687,984	Filing Date October 13, 2000	Examiner Gucker, Stephen	Group Art Unit 1647			
In Re: Application of Shaw-Fen Sylvia Hu						
For: Truncated Glial Cell Line-Derived Neurotrophic Factor						
<p>TO THE COMMISSIONER FOR PATENTS:</p> <p><input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):</p> <ul style="list-style-type: none"> <input type="checkbox"/> One month of original due date (\$110.00) <input checked="" type="checkbox"/> Two months of original due date (\$420.00) <input type="checkbox"/> Three months of original due date (\$950.00) <input type="checkbox"/> Four months of original due date (\$1,480.00) <input type="checkbox"/> Five months of original due date (\$2,010.00) <p><input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested:</p> <ul style="list-style-type: none"> <input type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input checked="" type="checkbox"/> The response is the filing of a continuing application, our reference, Docket #A-357D. <input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows: 						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*	Minus	** =	0	x \$18	= \$ 0.00
Indep. Claims	*	Minus	*** =	0	x \$86	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$290	= 0.00
Total Additional Fee for this Amendment					\$0.00	
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p>The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</p> <p><input type="checkbox"/> The following other fees are incurred by the accompanying papers.</p> <p><input type="checkbox"/> Other: _____</p> <p>Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ _____. A duplicate copy of this petition is attached.</p> <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.</p>						
<p><u>Please Send Future Correspondence To:</u></p> <p>US Patent Operations/RLS Dept. 4300, M/S 27-4-A AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799</p>				<p> Robert L. Sharp Attorney/Agent for Applicant(s) Registration No.: 45,609 Phone: (805) 447-5992 Date: January 6, 2004</p>		

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EXPRESS MAIL CERTIFICATE

"Express Mail" mail labeling number: EL360692077US

Date of Deposit: January 7, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Joyce Vogel
Printed Name

Signature

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